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Global health and foreign policy

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Note by the Secretary-General

The Secretary-General has the honour to transmit a report prepared in collaboration with the Director-General of the World Health Organization and after consultations with Member States, pursuant to General Assembly resolution 64/108.

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Summary

The present report describes efforts in response to the recommendations contained in General Assembly resolution 64/108 on global health and foreign policy. In the resolution, the Assembly supported the close relationship and interdependence between global health and foreign policy with a view to strengthening coordination and coherence among those policy areas and for foreign policy to contribute better to creating a global policy environment supportive of global health.

The report presents examples of global health and foreign policy coherence and coordination, particularly reviewing the institutional environment inclusive of forums for interaction, various instruments and means that can be used and addressing capacity needs brought upon by changing roles and responsibilities. The conclusions acknowledge the heightened foreign policy importance of global health issues, emphasize the need for a more rigorous understanding of that relationship, and stress the need for more coherence between foreign and health policies within Member States with a view to implementation of international accords.

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I. Introduction

1. In its resolution 64/108 on global health and foreign policy, adopted by the General Assembly by consensus at its sixty-fourth session, the Assembly recognized the close relationship and interdependence between global health and foreign policy, with a view to strengthening coordination and coherence in those policy areas, including foreign policy, in order to contribute better to creating a global policy environment supportive of global health. The resolution, building off previous Assembly resolution 63/33 and the previous report of the Secretary-General on the subject (A/64/365), welcomes existing international coordinated efforts as examples of the synergies between health and foreign policy, and how the two can mutually reinforce the advancement of global health goals. Specific examples included the coordination of efforts to control emerging infectious diseases and global pandemics, to attain the Millennium Development Goals and to address the shortage of human resources for health. The resolution underscored the fact that global health challenges require more concerted and sustained responses at the national, regional and international levels. In particular, the resolution highlighted the need for countries to:

(a) Consider how foreign policy could improve the global policy environment in support of health;

(b) Strengthen coordination and coherence between health, development and foreign policy at all levels;

(c) Increase institutional linkages;

(d) Increase the capacity of diplomats and health officials to address issues of global health and foreign policy.

2. The strategic importance of health has increasingly been recognized as central to the achievement of the internationally agreed development goals, including the Millennium Development Goals. As the Secretary-General stated in his previous report (A/64/365), "health is at the heart of the Millennium Development Goals. It is the specific subject of three Goals and a critical precondition for progress on most of them." Health and poverty are closely interlinked with social and economic determinants modulating progress in health, and are central to sustainable development. Health has increased political importance for, and is influenced by, issues surrounding security, social and economic development, humanitarian needs, trade and human rights — all of which are well represented in forums of the United Nations.

3. Various reports and resolutions of the United Nations articulate the significant interlinkages between health outcomes and a number of sectoral interests that are at the heart of national and international stability: economic productivity, protecting the most vulnerable in times of crisis and responding to the food, energy and climate change crises and to conflicts and natural disasters. These include: the ministerial declaration on implementing the internationally agreed goals and commitments in regard to global public health, of the 2009 high-level segment of the Economic and Social Council (see A/64/3/Rev.1, sect. III); the ministerial declaration on implementing the internationally agreed goals and commitments in regard to gender equality and empowerment of women, of the 2010 high-level segment of the Council (see A/65/3, sect. III); the report of the Secretary-General on the theme of

the 2009 high-level segment of the Council: current global and national trends and their impact on social development, including public health (E/2009/53); the General Assembly resolution on strengthening of the coordination of emergency humanitarian assistance of the United Nations (resolution 64/76); and the report of the Secretary-General on the subject (E/2010/88-A/65/82). Other such negotiated documents, including Assembly resolutions 55/2, 60/1 and 63/239,[1] from within United Nations bodies and from the World Health Assembly, through concerted action and Member State endorsement, have promoted consensus on a wide range of health issues and given validity to international and national action. The recent outcome document of the High-level Plenary Meeting of the sixty-fifth session of the General Assembly on the Millennium Development Goals (held in New York from 20 to 22 September 2010) (resolution 65/1) is the latest declaration by Member States that outlines the consensus on ways forward to achieve the Goals. It also underscores that "peace and security, development and human rights are the pillars of the United Nations system and the foundations for collective security and well-being".

4. Both General Assembly resolution 65/1 and the ministerial declaration of the 2009 high-level segment of the Economic and Social Council (see A/64/3/Rev.1, sect. III) reiterate that each country has primary responsibility for its own economic and social development, and that the importance of national policies and domestic resources cannot be overemphasized.

5. The efforts to successfully place health higher on the overall development and political agenda have benefited from the intersection of foreign policy and global health and their interdependence. Although the relationship between the concepts has become clearer and gained acceptance, challenges remain in terms of making sure that foreign policy, its processes, instruments and practitioners, positively contribute to improving health outcomes, either through the engagement of foreign policymakers in what have previously been considered as purely health issues or through ensuring that health is a consideration in decisions that have previously been considered purely from a foreign policy perspective. Documenting the impact of health events on economic and foreign policy-related interests is important. These challenges can be addressed by refining and adding to the substantive foreign policy and global health agenda and by building the institutional capacity needed to ensure effective interaction at the international and national levels. In working towards this, global health diplomacy aims to capture the multilevel and multi-actor negotiation processes that shape the global policy environment for health and science.

6. The previous report of the Secretary-General on global health and foreign policy and General Assembly resolutions focused on defining the rationale for and mapping the issues where global health and foreign policy most commonly intersect. The agenda previously outlined remains valid, with the critical importance of the linkage between the two policy arenas being to help countries and populations deal with a growing number of health risks. The causes and consequences of these risks, and strategies for increasing the resilience of countries and the international

[1] See also *Report of the International Conference on Financing for Development, Monterrey, Mexico, 18-22 March 2002* (United Nations publication, Sales No. E.02.II.A.7), chap. I, resolution 1, annex; *Report of the World Summit on Sustainable Development, Johannesburg, South Africa, 26 August-4 September 2002* (United Nations publication, Sales No. E.03.II.A.1 and corrigendum), chap. I, resolution 1, annex.

community is central to the evolving global health and foreign policy agenda, thereby contributing to peace, security, human rights and economic and social development. Assembly resolution 64/108 also documented the need to strengthen the foreign policy processes of Member States concerning global health challenges within the United Nations system, in other intergovernmental settings, as part of regional and bilateral relations and through partnerships with non-governmental entities. It recognized the leading role of the World Health Organization (WHO) and its roles and functions with regard to health policy, in accordance with its mandate.

7. The present report, in response to the General Assembly request in resolution 64/108 to examine the potential for greater coordination and coherence, focuses on the institutional environment in which the interaction between health and foreign policy takes place. This includes various forums for interaction (including the Assembly, the Economic and Social Council, regional initiatives and cross-government efforts); the institutional means through which agreements are reached (treaties, regulations, resolutions and other forms of soft law); and capacities required both internationally (including the role of WHO) and nationally to facilitate the interaction.

II. Strengthening global health and foreign policy coordination and coherence

A. The impacts of health and foreign policy on one another

8. For the past decade, the international community has witnessed a significant increase in the frequency, severity and political significance of global health problems. Consequently, health has moved higher on national political agendas, reflecting more clearly health's role in the different spheres of economic development, foreign policy, security, trade and humanitarian policies. Independent commissions established by WHO, such as the Commission on Macroeconomics and Health and the Commission on Social Determinants of Health, have documented the interaction between health and all areas of public policy, including foreign policy. They have also helped transform health from a specialized, technical area into a political and economic concern central to Governments and societies, reflecting the increasing interdependence between health and non-health policy sectors.

9. Viewing foreign policy with a "health lens" has helped to find new perspectives and identified challenges in confronting the HIV/AIDS pandemic, managing biological terrorism, responding to the spread of novel viruses, developing initiatives to address the increasing prevalence of non-communicable diseases, embedding health more deeply into development strategies and increasing understanding about the economic and social determinants of health. In addition, policymakers have addressed the harmful effects on health as a result of armed conflicts, global economic instability, environmental degradation and insecure access to energy and food supplies.

10. New health risks that spread rapidly require collective action. The emergence of influenza A (H1N1) had a significant economic impact for many countries, particularly those experiencing the first cases. Initial reactions, such as restrictions

on travel, even if not supported by WHO and its International Health Regulations 2005, exacerbated the economic and political disruption.

11. The expansion of economic globalization, its interlinkages and trade present risks for health outcomes as well as opportunities to address them. The renewed focus on health issues indicates an acknowledgement that there is a need to increase the quantity and quality of health information available to decision makers.

12. Addressing health risks during the past decade has required expanded resources. Whereas foreign policy attention to health and greater advocacy have helped increase funding for health, there remains a significant need for additional funds to achieve the Millennium Development Goals.

13. The expansion of health considerations and the global dimensions of many spheres of policymaking make for tougher negotiations than in the past because the stakes are higher. In particular, the emerging economies have been very proactive and strategic in their approaches to the negotiation of health matters in the international system. The results are that development policies need to be reconsidered and greater attention is placed on the financing of global public goods for health.

14. In these dynamics of interdependence, health is no longer automatically subject to other interests, but other policies may have to adjust in order to meet the health prerogative: this was at the core of the Ministerial Declaration of the Fourth Ministerial Conference of the World Trade Organization (WTO), held in Doha, in 2001 (see General Assembly resolution 57/65), and the Decision of the General Council of WTO on implementation of paragraph 6 of the Doha Declaration on the Trade-Related Aspects of Intellectual Property Rights (TRIPS) Agreement and public health (see Assembly resolution 64/79). The ensuing complexity also means that the health sector can no longer deal with the emerging challenges on its own. The systemic challenges and the equity and human rights issues at stake not only require support from other sectors; they also need a commitment by political leaders, as reflected in the growing importance of summit diplomacy.

15. The role of the environment and its effects on health, including the need for water and sanitation, has risen in importance. Evidence shows that 25 per cent of the global disease burden can be linked to environmental factors. Climate change, with the resulting extreme weather incidences, will have severe health implications in terms of air pollution patterns and increases in waterborne and food- and vector-borne diseases. The impact of migration and transnational movements linked to climate change are likely to present additional health challenges.

16. Multisectoral approaches are required to address the complex nature of global health, to achieve results and contribute to social stability, reflecting the close relationships between health and human rights, poverty eradication, hunger and nutrition, development, education, gender equality, the reduction of inequities, humanitarian action and sustainable development. Moreover, the global and national responses to the financial, climate change, energy and food crisis reflect the interconnectedness and interdependence of health and foreign policy. Addressing vulnerabilities faced by large populations and related inequalities are central to achieving the Millennium Development Goals.

17. Achieving policy coherence and coordination between foreign and health policy requires a number of established as well as emerging, novel approaches. An

example of an approach still under discussion by Member States is the one proposed by the Secretary-General in his report on human security (A/64/701). The potential of this approach may be that it helps nations identify and prioritize their responses to complex and interconnected threats to the welfare of their populations, given that "Governments retain the primary role for ensuring the survival, livelihood, and dignity of their citizens". General Assembly resolutions 64/291 and 65/1 recognize the need to continue exploring the notion and definition of human security.

B. Using various forums to advance interaction

International forums

18. As a result of the interconnectedness between health and foreign policy, foreign policymakers have increasingly addressed health issues and risks in United Nations forums and related platforms. These include the General Assembly, including the High-level Plenary Meeting of the sixtieth session of the Assembly, the sessions of the Economic and Social Council, WHO, regional commissions of the United Nations, WTO, the Bretton Woods institutions and the Organization for Economic Cooperation and Development. Specific examples include the Millennium Development Goals, the special session of the Assembly on HIV/AIDS, Assembly resolutions on global public health, malaria, road safety and non-communicable diseases and broader declarations concerning development assistance, including the Monterrey Consensus of the International Conference on Financing for Development. Improving global health governance could benefit from the increased coherence and engagement of the foreign policy community, including enhanced national health and foreign policy ministry linkages and coordination, given the diverse sectors affected by global health. Similarly, the non-binding nature of the Paris Declaration on Aid Effectiveness and the Accra Agenda for Action has potentially reduced the rate of implementation of the stated principles and actions.

19. A special session of the General Assembly on non-communicable diseases, planned for 2011 (see resolution 64/265) is the latest indication of the greater interconnectedness between health and foreign policy. Addressing non-communicable diseases coherently requires the commitment and active involvement of non-health sectors such as foreign policy, planning, agriculture, trade, industry, finance, education, urban development and the private sector.

20. Intergovernmental processes and platforms have also been used in health-related foreign policy initiatives, such as those of the Group of Eight, the Group of 77 and the Non-Aligned Movement (see, for example, A/63/965-S/2009/514). Larger numbers of active stakeholders across the spectrum of State and non-State institutions engage in health. For example, the Group of Eight has addressed health issues in a broader foreign policy, security and economic context. These include commitments to combat HIV/AIDS, tuberculosis and malaria, including supporting the creation of The Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), support for polio eradication, infectious disease control, strengthening health systems in low-income countries, improving social protection for health and the reduction of health inequalities in Africa. To what extent the nations in the Group of 20 will address health issues has yet to be seen, although linkages between health and sustainable economic development are expected to increase in prominence. Health is expected to be prominent in upcoming meetings of the United Nations including the

Fourth United Nations Conference on the Least Developed Countries, to be held in 2011, in Turkey, the World Conference on Social Determinants to be held in 2011 and the United Nations Conference on Sustainable Development (Rio+20) to be held in 2012, both to be hosted by Brazil.

21. Based on international cooperation, the use of foreign policy forums (such as the General Assembly and the Group of Eight) has garnered support that is critical to the establishment of new international initiatives and innovative financing strategies for health. These include the Global Fund, the Global Alliance for Vaccines and Immunization (GAVI Alliance) and the International Drug Purchase Facility (UNITAID). They, in turn, have become the platform for creating additional innovative financing mechanisms such as the International Finance Facility for Immunization and the advance market commitment for pneumococcal disease. In other cases, the global initiatives have used their grants as seed funding to create new organizations devoted to health such as funding from UNITAID for the Millennium Foundation and the Medicines Patent Pool Foundation. Although the growth of these initiatives is a positive sign of commitment to health, it equally poses risks for increased fragmentation and challenges on how best to coordinate and align.

22. With the increased interest in innovative strategies has come the emergence of new international mechanisms to coordinate and arrive at consensus. These include the High-level Task Force on Innovative International Financing for Health Systems and the Leading Group on Innovative Financing for Development.

23. The steep increase in activity and resources from the many actors in health have resulted in increased burdens of coordination and fragmentation, particularly at the country level. Efforts to rationalize the many global health initiatives and partnerships will help harmonize concerted action and contribute to foreign policy support for health. Such efforts include the International Health Partnership (for which WHO and the World Bank serve as the secretariat) that provides coordination and technical assistance platforms to support national health system strengthening and national health development plans. An example of an institutional linkage platform is the health systems funding platform being developed jointly by the World Bank, the Global Fund and the GAVI Alliance, facilitated by WHO, for enhanced coordination of health system funding to countries. The Providing for Health initiative is a social health protection network, hosted at WHO and working with the International Labour Organization, the World Bank, France, Germany, Norway and other interested parties to provide an example of an initiative to support countries in a coordinated way in order to improve social health protection.

24. The very high number of partners in health and related development activities equally present coordination challenges. WHO has documented over 100 partnerships and collaborative arrangements that are engaged in health. This is in addition to the range of longer standing multilateral, regional and national organizations. In a number of cases, when the partnerships (some hosted by WHO or another multilateral institution; others being an independent foundation or non-governmental organization) become forums for discussion among multiple stakeholders on specific health policy issues, the risk of further reducing coherence increases, given their isolation from the World Health Assembly or the General Assembly. To help address this issue, the World Health Assembly adopted a WHO partnerships policy in May 2010 (see World Health Assembly resolution 63.10).

25. Efforts to increase policy coherence and coordination for human rights and health are being taken forward through increased attention to health issues in the Human Rights Council, as well as through collaboration between WHO and the Office of the United Nations High Commissioner for Human Rights. Health issues are becoming increasingly prominent on the international human rights agenda. In 2010, resolutions have been adopted by the Human Rights Council on maternal mortality, the right to health, the right to water and other health-related issues. Such efforts are further supported by the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, who reports to the Human Rights Council and to the General Assembly. Health is increasingly being framed and upheld as a human right on the international development agenda. In addition to recognizing that "the respect for and promotion and protection of human rights is an integral part of effective work towards achieving the Millennium Development Goals", the General Assembly, in its resolution 65/1, also recognized "the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, including sexual and reproductive health", in the context of improving maternal health.

26. An example illustrating the use of international forums in relation to specific health issues involves natural disasters and conflict. Natural disasters (328 in 2009 across 111 countries and affecting 113 million people), complex emergencies (over a dozen, affecting 42 million people in 2009) and armed conflict have continued to increase the pressure on humanitarian assistance and response plans. In response, mechanisms to coordinate health, foreign policy and humanitarian relief have been implemented. The Office for the Coordination of Humanitarian Affairs is central to reinforcing multi-institutional linkages to support country level responses and coordinating humanitarian assistance. The Inter-Agency Standing Committee has utilized a cluster approach composed of United Nations and other actors. The health cluster is chaired by WHO and the nutrition cluster by the United Nations Children's Fund. Together with the International Federation of Red Cross and Red Crescent Societies, the International Committee of the Red Cross and many non-governmental organizations, United Nations agencies and Governments, policies, guidance and response plans for country operations are prepared. These efforts are joined up effectively with the Central Emergency Response Fund, the Global Humanitarian Platform and the resident and humanitarian coordinators to reduce the burden on societies and Governments, reduce adverse health consequences for the affected populations, and protect the most vulnerable.

27. Ensuring adequate health preparations before and responses after disasters has become part of foreign policymakers' tasks in addressing such humanitarian crises. Embedding health considerations into policy strategies and legal frameworks on preparing for and responding to natural disasters, humanitarian relief and complex emergencies is critical. Lessons learned in this area can be helpful in the formulation of foreign policy responses to other health-adverse crises, including energy, food and economic crises.

28. Given the limited ability of the health sector to shape policy in security and armed conflict situations, foreign policymakers can contribute more effectively to health outcomes by using, among other policy tools, a "health lens" to make, monitor and measure progress on national and international security strategies. Examples range from the appointment of the Special Representative of the Secretary-General on Sexual Violence in Conflict, in February 2010, to WHO

providing assistance to the Secretary-General, concerning risk assessment and public health response in cases of biological terrorism. Joint foreign and health policies and action are required to ensure that countries in phases of post-conflict or reconstruction after natural disasters are supported in attaining their Millennium Development Goal targets, to assure access to operational health systems and control the spread of diseases in situations of large mobility of populations. Yet, to truly achieve the Goals, armed conflict and its impact on development and the health of populations must be addressed (see General Assembly resolution 63/23 and the report of the Secretary-General on promoting development through the reduction and prevention of armed violence (A/64/228)).[2]

Regional level forums

29. The actions of international forums are augmented by the prominence that health and foreign policy issues are being accorded by regional and intergovernmental organizations. They, along with regional commissions of the United Nations, have addressed health issues in advance of Economic and Social Council meetings and of the High-level Plenary Meeting of the sixty-fifth session of the General Assembly. In addition, health issues appear more frequently on the agendas of such organizations from all regions of the world, and many meet in advance of the annual World Health Assembly to develop their respective positions. For example, the Association of Southeast Asian Nations, the Asia-Pacific Economic Cooperation forum, the European Union, the African Union, the Common Market of the South (MERCOSUR), the Union of South American Nations, the Stability Pact for South-Eastern Europe, the Caribbean Community (CARICOM) and the Shanghai Cooperation Organization have taken steps to improve regional cooperation on health. They have held meetings of health, foreign policy and other sectoral ministers and parliamentarians. Advancing a degree of regional coordination and coherence is reflected in their declarations and common strategies. Prioritization has been given to health threats, pandemic influenza preparedness and response, access to universal systems of health, addressing the social determinants of health, HIV/AIDS, tuberculosis and malaria, increasing access to medicines, enhancing human resources for health and creating new surveillance, response, pharmaceutical and e-health capabilities. The African Union, in particular, championed maternal and child health, health systems and health financing challenges, HIV/AIDS, tuberculosis, malaria, polio, food security and nutrition. The Economic Community of West African States has been very active in drafting programmes to respond to crises and advance preparedness through regional cooperation.

30. In terms of an intergovernmental process based on religious affiliation, the Organization of the Islamic Conference has made health issues more prominent, with health and foreign ministers of member States adopting their first two resolutions in 2007 and 2009. These resolutions addressed issues as diverse as combating malaria, polio eradication, emerging biosecurity issues, tobacco control, health equity and emergency preparedness and response. A language-based intergovernmental process, the Community of Portuguese-speaking Countries, has also incorporated health initiatives in its endeavours, including work on the

[2] See also The Geneva Declaration on Armed Violence and Development, 7 June 2006, available at: www.genevadeclaration.org/fileadmin/docs/Geneva-Declaration-Armed-Violence-Development-091020-EN.pdf.

development of health workforces, health promotion, surveillance and health information and communication.

31. An emerging and more visible regional example of efforts to increase foreign policy and health coordination is through the South-South initiative coordinated by the United Nations Development Programme's (UNDP) Special Unit for South-South Cooperation. As an important platform for coordinating foreign policy and global health, South-South collaboration and triangular cooperation efforts have increased in recognition and volume. Countries such as Brazil, China, Cuba and India have pioneered approaches that link two or more developing countries (that pursue their individual or collective development) through cooperation exchanges of knowledge, skills, resources and technical know-how. Activities are initiated, organized and managed by developing countries themselves. It is multidimensional in scope, can include all sectors and be of bilateral, triangular, subregional, regional, interregional multilateral or international nature. South-South cooperation projects are supported, in part, by the India, Brazil and South Africa (IBSA) Facility for Poverty and Hunger Alleviation, hosted by UNDP. The Secretary-General prepared a report (A/64/504) that reviewed 30 years of South-South Cooperation for the High-level United Nations Conference on South-South Cooperation, held in Kenya from 1 to 3 December 2009.

National forums and strategies

32. The greatest challenge for a coordinated and coherent approach to health and foreign policy is consistency across international, regional and national agreements and approaches. The intersection of health and foreign policy can help countries manage their health risks as well as to increase health-care access for their populations. How health and foreign policy are formulated and expressed nationally will vary across countries, as will the degree to which the nation interacts with the global agenda. The needs to promote a country's interest externally, define a government-wide national health policy and to advance the health interest of the global community require the participation of several ministries. Various country examples point to progress in developing a unified national approach to articulating health and foreign policy goals.

33. The lead up to and the High-level Plenary Meeting of the sixty-fifth session of the General Assembly itself have been a catalyst for nations to further develop internal cohesion across ministries and sectors, by establishing health in all policies, including formal, coordinated foreign policy strategies and global health. Broad-based national policies are being developed in line with the realization that the frequency of issues of interest to foreign ministries concerning global health problems is increasing and would benefit from specific national strategies to create more effective foreign policy action on global health. Two of the earliest examples were in Switzerland where the *Swiss Health Foreign Policy* was developed in 2006 and in the United Kingdom of Great Britain and Northern Ireland, which issued a government-wide *Health is Global: A UK Government Strategy 2008-13* in 2008.

34. Thailand has established a national health commission, chaired by the Prime Minister or Deputy Prime Minister, composed of multisectoral government ministries, local government, professional associations and the non-profit private sector, to develop and oversee national health system policy and to recommend policy options to the Council of Ministers. Norway has developed various

institutional instruments to assist the development of positions and political priorities, including health. Among these is a Norwegian WHO strategy and an intragovernmental WHO forum composed of the health, foreign and other ministries designed to support Norway during its tenure on the WHO Executive Board. The United States of America's new Global Health Initiative and the Presidential Policy Directive on Global Development establish a stronger national linkage between health and foreign policy, and reflect "whole of government" approaches. Brazil, China and France have also increased policy coordination and coherence within their national Governments on foreign policy and global health. Demonstrating an increasing trend of cross-government coordination of health and foreign policy, many Governments' health attachés within their diplomatic corps are negotiating on health issues at WHO, WTO and in other multilateral and bilateral settings. Others have pioneered secondments from the ministry of health to the ministry of foreign affairs.

35. Two additional national platforms can be of assistance to countries in striving to achieve the Millennium Development Goals and ensure greater harmonization for both aid and for foreign policy and health interaction. The further articulation and implementation of the United Nations country teams and related United Nations Development Assistance Frameworks can support the broader inclusion of health issues in a development context. Similarly, participating national authorities, multilateral agencies and donors work under the International Health Partnership umbrella to support enhanced and inclusive national health plans that are based on principles of mutual accountability and transparency (see World Health Assembly resolution 58.25).

C. Use of foreign policy and health instruments

36. The unprecedented scale of the need for increased policy, diplomatic and advocacy activities to identify solutions to global health problems has created challenges and opportunities for those who shape foreign policies for the Member States of the United Nations. The increasing frequency with which global health issues and initiatives appear in all foreign policy contexts (bilateral relations, regional organizations, other intergovernmental processes and multilateral institutions) must be understood to be much more than a focus on specific diseases or an instrument of foreign policy. A broad scope of foreign policy tools should be used to advance a more comprehensive health agenda in both health and non-health "venues", for the benefit of both developing and developed countries. This has been termed "smart power".

37. A number of instruments have been used to record agreement on issues and to provide the necessary basis for collective action. These have expanded considerably over time. They include conventions and agreements (for example, the Framework Convention on Tobacco Control; human rights), regulations (such as the International Heath Regulations) and recommendations in the form of World Health Assembly resolutions. In addition, WHO, in supporting Member States, can use other instruments such as the identification of nomenclatures (see the Procedure for the Selection of Recommended International Nonproprietary Names for Pharmaceutical Substances), standards (such as the Codex Alimentarius) and a variety of operational guidelines (for example, WHO partnerships policy contained in World Health Assembly resolution 63.10). Each of the instruments noted range in

legal terms from "soft" to "hard" as regards their binding authority (see the Constitution of the World Health Organization, article 2 subparagraphs (k), (s) and (u) and articles 19 to 23). Thus, for normative work, actions can be documented on an increasing scale, from resolutions, codes and regulations to treaties and conventions, the latter of which are considered binding. In all cases, however, notwithstanding the force of the regulations or treaties, the utility of foreign policy instruments corresponds to the extent to which they are implemented at the country level.

38. Summit declarations have also highlighted the importance of health and development interactions that support gender equality, the empowerment of women, women's full enjoyment of all human rights and the eradication of poverty as being essential to economic and social development and the achievement of all the Millennium Development Goals. The General Assembly, in resolution 65/1, reaffirms "the need for the full and effective implementation of the Beijing Declaration and Platform for Action" which is one of the guiding rationales for the establishment of the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women).

39. Efforts at global coordination and coherence must also be mirrored by national capacities. As the Director-General of the World Health Organization indicated recently "instruments of global health governance, like norms and standards for ensuring the safety of air, food, water, chemicals and medicines, mean little in the absence of capacities for regulation, inspection and enforcement".[3]

40. In relation to the forums described in the section above, the choice of instruments vary in their breadth, scope, enforcement and obligations for Member States. Advancing health and foreign policy coherence and coordination requires a more systematic understanding of which forums and which instrument to use to achieve the stated goals. One proposition is that the greater the specificity of the topic, the greater the influence and effectiveness of an instrument (for example, the International Health Regulations or the Framework Convention on Tobacco Control). Conversely, the greater generality (General Assembly resolution 65/1, for example), the harder to implement universally.

41. The High-level Plenary Meeting of the sixty-fifth session of the General Assembly and its outcome document endorsed by the Assembly in its resolution 65/1 have the potential to further health and foreign policy coherence and coordination, in support of the agreed targets, by 2015. By reviewing progress over the past decade and requirements for action, the document provides a global action plan to achieve the eight Millennium Development Goals for all stakeholders. It also affirms that, despite setbacks due to the economic and financial crises, progress has been made on fighting poverty, increasing school enrolment and improving health in many countries and that the Goals remain achievable. Similarly, the vast majority of Member States speaking in the Assembly focused on health challenges, both those included in the Goals and others such as non-communicable and neglected tropical diseases.

42. Advancing one of the High-level Plenary Meeting's main priority areas, and to overcome a key challenge to the Millennium Development Goals, the Secretary-

[3] See the speech of the Director-General of WHO, available at: www.who.int/dg/speeches/2010/globalhealth_conf_201006011/en/index.html.

General launched *The Global Strategy for Women's and Children's Health*. The plan, developed by a wide range of stakeholders, boldly sets out a coordinated effort, building on what has been achieved so far locally, nationally, regionally and globally. With a view to overcoming the previous lack of progress in reducing maternal mortality, the plan seeks to enhance coordination across many partners, financing, policy and service delivery to save 16 million lives by 2015 and improve child survival. As with all of the Millennium Development Goals, investments in those centred around women and children will have an impact on the achievement of all of the Goals.

43. Notwithstanding the utility of the Millennium Development Goals, General Assembly resolution 65/1 and the Millennium Declaration (Assembly resolution 55/2) to provide an essential, goal-oriented set of priorities for health that must be measured, nations must subsequently act with their own instruments (including legislation and resource allocation) to implement programmes reflecting their priorities, the epidemiology of health and related risk factors and national health system capacities.

44. Health can provide an important lens on broader issues facing the planet. Negotiations surrounding the Intergovernmental Panel on Climate Change and the United Nations Framework Convention on Climate Change continue. Attention to health can ensure a broader understanding of the issues and help countries work to mitigate the effects of climate change.

45. Regional organizations and bilateral donor Governments have also used instruments to pursue foreign policy and health cohesion. For example, in 2010, the Foreign Affairs Council of the European Union adopted a set of conclusions with the overall aim of enhancing the European Union's role in global health.

46. The multiplicity of actors, mechanisms, forums and resources for health, along with the greater interconnectedness with foreign policy issues, presents a pressing need for more effective, efficient and responsive coordination and coherence.

47. As the directing and coordinating authority in international health work and the United Nations specialized agency for global health, WHO has long served as the international agency setting and monitoring norms and standards in health. With many global health issues becoming highly politicized and moving out of the purely technical arena of global public health, they gain a strategically important place in the agenda of foreign policy and development policies. In response, the role of WHO in intergovernmental negotiations and selected foreign policy instruments has evolved.

48. With WHO and the World Health Assembly becoming a hub for foreign policy action, Member States have increasingly engaged in initiatives and activities that heighten the linkage between foreign policy and global health. The constitutional mandate of WHO was used to adopt major health instruments, such as the International Health Regulations 2005 (World Health Assembly resolution 58.3) and the Framework Convention on Tobacco Control (resolution 56.1). The relevance of the Organization's other instruments of soft law has increased in relation to issues discussed within WHO. Examples include the deliberations of the Intergovernmental Working Group on Public Health, Innovation and Intellectual Property, convened by WHO, and the associated global strategy and plan of action (see resolution 61.21). The adoption of the WHO Global Code of Practice on the International Recruitment

of Health Personnel (resolution 63.16), for example, led not only to the increasing involvement of diplomats and foreign policy representatives in the negotiations but also to the inclusion of many other stakeholders in the deliberations. The September 2010 report of the WHO Regional Office for Europe Regional Committee entitled "Health in foreign policy and development cooperation: public health is global health"[4] is emblematic of the scope of the growing engagement of WHO in this arena.

49. During the World Health Assembly, held in May 2010, decisions were taken to request WHO to convene a new set of intergovernmental meetings to negotiate on various issues involving foreign policy interests and global health, particularly with a view to enhancing coherence and coordination on a variety of health issues. These include the establishment of a consultative expert working group on research and development; financing and coordination (World Health Assembly resolution 63.28) in order to deepen analysis of the previous expert working group on the subject. An intergovernmental working group was established to review various proposals on substandard, spurious, falsified and counterfeit medical products. Meanwhile, progress has been made in the work of the open-ended working group of the intergovernmental meeting on pandemic influenza preparedness: sharing of influenza viruses and access to vaccines and other benefits.

50. Health has been enshrined as a human right in numerous international and regional human rights treaties and national constitutions. These agreements constitute an obligation on the Government as a whole and thus demand policy coherence across different sectors. Increasingly, people are demanding accountability from States, which have the primary obligation to respect, protect and fulfil internationally agreed commitments on the right to health. Not all aspects can or may be realized immediately, but at a minimum, States must show that they are making every possible effort, within available resources. Available resources refer to those existing within a State as well as those available from the international community through international cooperation and assistance. International cooperation is not a substitute for domestic obligations, but those States in a position to assist others are encouraged to actively support other States. Moreover, policy coherence depends on a State's foreign policy not impeding or harming the ability of another State to meet its internationally agreed obligations. Practical tools such as health impact assessments focused on human rights requirements are being developed to review and assess the potential impact of States' foreign policies on the right to health of populations in other countries.

Examples of coordination and coherence efforts

Control of emerging infectious diseases and foreign policy

51. The recent influenza A (H1N1) pandemic is a reminder that diseases know no borders and that collective, global action is necessary to deal with them. The experience with the A (H1N1) pandemic, in particular, once again made it clear that preparedness and timely information are key to managing and containing potential pandemics. The A (H1N1) pandemic was the first time that the WHO International Health Regulations 2005 were used and demonstrated their utility as a critical international compact delineating key obligations for countries and for WHO in

[4] EUR/RC60/14.

responding to any public health emergency of international concern, whether it is of biological, chemical or radiological origin. The Regulations enhance the ability for countries to rapidly identify, characterize and respond to emerging health threats. The pandemic international response was also a good example of synergies between global health and foreign policy. Further international cooperation is required to meet emerging, new and unforeseen threats and epidemics, such as the A (H1N1) pandemic, the H5N1 and other influenza viruses with human pandemic potential, as well as the growing health problem of antimicrobial resistance.

52. Coordinated foreign and health policy is essential to support negotiations on a fair, transparent, equitable and efficient framework for the sharing of influenza viruses with human pandemic potential, and for the sharing of benefits, including access to and distribution of affordable vaccines, diagnostics and treatments, to those in need, especially in developing countries, in a timely manner. This is needed to successfully conclude the work of the open-ended working group of the intergovernmental meeting on pandemic influenza preparedness, as noted above, including the finalization of any remaining elements of the Pandemic Influenza Preparedness Framework. In addition to agreement on virus and benefits sharing, improving outbreak response and preparedness requires: (a) the sharing of samples of viral and other materials, and of data on outbreaks, in line with the International Health Regulations; (b) the establishment of coordinated long-term financing mechanisms for supporting poorer countries and their responses to global health threats; (c) ensuring the timely provision of resources to countries, to enable the fulfilment by WHO and United Nations partners of their obligations under the International Health Regulations, as outlined in the previous note of the Secretary-General on the issue (A/64/365).

Non-communicable diseases

53. The need for concerted action and coordinated response at all levels in order to adequately address the developmental challenges posed by non-communicable diseases was recognized by the General Assembly in its resolution 64/265, in which it decided to convene a high-level meeting of the Assembly, in September 2011, on the prevention and control of such diseases. The meeting will be able to draw upon a number of World Health Assembly resolutions and plans documenting the need for and outlines for national and international responses, including the 2008-2013 Action Plan for the Global Strategy for the Prevention and Control of Non-communicable Diseases (World Health Assembly resolution 61.14), the Global Strategy for Infant and Young Child Feeding (resolution 55.25), the Global Strategy on Diet, Physical Activity and Health (resolution 57.17), the Global Strategy to Reduce the Harmful Use of Alcohol (resolution 63.13) and the Framework Convention on Tobacco Control (resolution 56.1).

Human resources for health

54. The adoption by the World Health Assembly, in May 2010, of the global code of practice for the international recruitment of health personnel (World Health Assembly resolution 63.13) is the product of a multi-year negotiation among Member States nationally, at the World Health Assembly and WHO regional committees, at the meetings of the Group of Eight, at meetings of the Economic and Social Council and with a variety of non-State interested parties. The code is significant as it lays out objectives for voluntary principles, standards and practices

for the ethical international recruitment of health personnel, provides guidance for bilateral and international agreements and advances international cooperation and lesson learning and a number of other actions related to national and international actions necessary to increase universal access to health services. This includes the development of health workforce plans (inclusive of remote and rural areas) taking into account the challenges facing developing countries in the retention of skilled health personnel. Combined with the outcome document of the High-level Plenary Meeting of the sixty-fifth session of the General Assembly, Member States are encouraged to affirm their commitment to the training of more health workers by promoting training in accredited institutions of a full spectrum of high-quality professionals, as well as community health workers, public health workers and para-professionals, in particular through international cooperation programmes including South-South cooperation, North-South cooperation and triangular cooperation.

55. The lack of health workers, as well as their uneven distribution within countries and throughout the world, in particular the shortage in sub-Saharan Africa, seriously undermines the health systems of developing countries and, thus, achievement of the Millennium Development Goals. Continued foreign policy engagement is necessary to support countries in reviewing policies, including recruitment policies and retention policies that exacerbate this problem.

Strengthening health systems

56. Global health efforts over the past 10 to 15 years have underscored another lesson that implicates foreign policymakers: that without robust national health systems, national and international actions against health threats suffer. Progress is stalled on the Millennium Development Goals centred around health. Foreign policy involvement can advocate for increased financial support, better coordination of health and development ministries and create policy coherence out of competing national interests. The renewed effort by WHO to support more robust national health plans and strategy development and the use of a primary health-care approach are key to concerted and coordinated action for health system strengthening.

57. An integral part of health systems and universal coverage is ensuring access and affordability of medicines, rapid development and dissemination of information, the development of health technologies and the provision of medicines and vaccines to the world's poor and most vulnerable populations. Advancing this requires significant foreign policy involvement, especially in the context of intergovernmental negotiations. This has involved trade issues, policies to foster innovation and support for enhanced development policies to ensure sustainable financing and more effective supply chains. A number of negotiated multilateral agreements and subsequent bilateral and regional agreements, have had a significant impact on increasing access to medicines. These involve the WTO agreements that have implications for health such as the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS); the Agreement on Technical Barriers to Trade and the General Agreement on Trade in Services (GATS).

D. Capacity development

58. The rise of the interlinkage between global health and foreign policy, along with the multiplicity of forums, the choice of instruments and the need for the development and monitoring of decisions, requires new capacities and skill mixes among health and diplomatic personnel working nationally, regionally and in multilateral institutions. Particular attention is needed to reinforcing capacities in WHO.

59. Specific efforts to build such capacity are under way, relying on interest from governmental and non-governmental entities, such as foundations, non-governmental organizations, think tanks and academic institutions. For example, WHO, the Rockefeller Foundation and a number of governments, non-governmental organizations and academic institutions have developed a global network on global health diplomacy to share lessons, identify research agendas and conduct training and capacity-building for health diplomacy.

60. The World Health Organization has also taken steps to build the evidence base of the impact of foreign policy and health collaboration, by measuring progress and refining strategies based on data from reliable information systems. WHO is commissioning research, sponsoring symposiums, creating a unit focused on this topic and supporting the development of a set of tools and materials to be used in the training of health diplomats. WHO and its partners are developing an inventory of country and multilateral institution foreign policy activities on global health, including their internal governmental and inter-agency processes, in order to generate a comprehensive picture of how global health and foreign policy are linked.

61. The original group of nations comprising the Foreign Policy and Global Health Initiative (Brazil, France, Indonesia, Norway, Senegal, South Africa and Thailand) continue to be active in further identifying the capacity needs of national health and foreign policymakers and in building "the case for why global health should hold a strategic place on the international agenda". Such action is documented in their Oslo Ministerial Declaration[5] and in the statement from their ministerial meeting held in September 2010.[6]

62. Non-governmental actors are conducting research, policy analysis and advocacy, educational opportunities and training programmes. At present, such non-governmental efforts are most numerous in high-income countries, particularly among academic institutions in Canada, Sweden, Switzerland, the United Kingdom and the United States, although they are increasing in other countries as well, such as in China, India and the Russian Federation.

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[5] "Oslo Ministerial Declaration — global health: a pressing foreign policy issue of our time", The Lancet, vol. 369, No. 9570, pp. 1373-8.

[6] "Foreign Policy and Global Health — Responding to New Challenges and Setting Priorities for the Future: The Oslo Ministerial Declaration Three Years Later and Beyond", 22 September 2010, available at: www.norway-un.org/Statements/Other-Statements/Statement-Foreign-policy-and-global-health/.

III. Conclusions and recommendations

63. The High-level Plenary Meeting of the sixty-fifth session of the General Assembly on the Millennium Development Goals has demonstrated the continued political will for the attainment of the Goals. The outcome document reaffirms world leaders' commitment to the Goals and sets out a concrete action agenda for achieving them by 2015. In supporting the mutually reinforcing aspects of the Goals, there is a need to pursue strategies that are holistic and comprehensive. An understanding of the respective impacts of health and foreign policies on one another is required.

64. The significant attention to health reflects, in part, the notion of shared risks that cross borders, as well as the influence of national obligations to implement international accords. To ensure sustainable responses, a common foreign policy and health framework should articulate how achieving global health outcomes contributes to providing human, national and international security; achieving national, regional and global economic well-being; fostering economic and social development in low-income countries; and promoting human dignity through the protection of human rights and the delivery of humanitarian assistance.

65. Achieving the Millennium Development Goals requires coherent global and national health policies. The combination of better defined national health plans and strategies, strengthened health systems and capacity, the availability of predictable, flexible and sustainable financing, fair and sustainable financing structures aiming at social health protection, monitoring and evaluation and linkages across sectors, can yield the needed results. Whereas health involves a series of technical interventions, the implementation of health programmes (including in a multisectoral approach) requires attention to, and resolution of, issues familiar to both foreign and national policymakers: resource allocation, trade, technology transfer, intellectual property, aid effectiveness, mutual accountability, quality of governance, national sovereignty and concepts of human security.

66. Prominent binding instruments of WHO (including the International Health Regulations and the Framework Convention on Tobacco Control) and human rights instruments demonstrate their utility in managing increasing health risks that have significant economic implications, particularly the emergence of new infectious diseases. These, and other new developments, such as the increased recognition of the developmental burden of non-communicable diseases, as well as the effects of natural disasters and conflict, are further examples of situations which can be better managed with the help of foreign policy. Moreover, the use of voluntary codes such as the one governing health workforce migration and a variety of declarations, strategies and plans, if effectively implemented at the national level, can have an important impact on health coverage and outcomes.

67. Increased foreign policy-health dialogue, joint analyses of problems and cooperation at the international, regional and national levels among key concerned institutions, organizations, ministries, and other relevant stakeholders can improve policy coherence across sectors and international organizations and lead to better outcomes for global health and foreign policy.

68. Facilitating these efforts is global health governance that relies on a strong United Nations system, including the World Health Organization. Such efforts are not sufficient without national ownership and leadership that ensures the inclusion

of all stakeholders, has means to effectively coordinate, legislate and regulate and is accountable to the populations.

69. Global health issues and initiatives appear with increasing frequency in all foreign policy contexts, including bilateral relations, regional organizations, other intergovernmental processes and multilateral institutions.

70. A better understanding of the nature, extent, intensity and effectiveness of foreign policy action on global health is needed, particularly as foreign policy activities on global health increase in bilateral, regional and multilateral contexts. The goal requires more systematic cataloguing and analyses of these activities, including documenting the political processes through which foreign policymakers take up and act upon global health issues, as well as assessing the impact of global health on foreign policy.

71. Similarly, identifying priorities for health sector-foreign policy dialogue and mutual action is required to secure greater foreign policy community engagement and support. In particular, a means by which national foreign policy ministries and mechanisms could be used to advance health, inclusive of securing necessary funding, would be very supportive. Health ministries and health personnel can also benefit from an increased understanding of foreign policy dynamics.

72. Mindful of the respective roles and responsibilities of Member States and intergovernmental organizations, including how the United Nations and WHO can assist Member States, it is recommended that the General Assembly:

(a) **Through regular dialogues, identify priority issues for which foreign policy and development cooperation can support and affect health outcomes, and those where health is an integral part of foreign policy issues. Particular attention should be given to advancing progress on achievement of the health-related Millennium Development Goals;**

(b) **Strengthen the political commitment to, and institutional foundations for, foreign policy and development cooperation action on global health by** emphasizing that global health is an integral component of achieving security, prosperity, equity and dignity at the national level and across the international community, and, as such, is a strategic interest of foreign, health and global policies. In so doing:

(i) Develop strategies to guide foreign policymakers, health experts and inter-agency coordination mechanisms in pursuing global health as a strategic foreign policy interest;

(ii) Make health protection a goal of policies responding to large-scale crises, such as food shortages, global economic crises, climate change and post-conflict reconstruction and development, in the same way that health considerations are embedded in policy and legal frameworks for responding to natural disasters and armed conflict;

(iii) Work with other countries and partners to prevent or minimize emerging or re-emerging threats to global health, including support for WHO and national implementation of the International Health Regulations, and, where appropriate, the negotiation of new strategies for effective collective action;

(c) **Encourage Member States to consider health issues in the formulation of foreign policy and development cooperation, with a view to creating stronger coherence between health and foreign policy and development cooperation; and to improve foreign policy and development cooperation efforts on global health through improved policy coherence.** Identify means and options to reduce fragmentation, through the national implementation of various obligations under health and foreign policy instruments to increase access to health. Encourage greater support for and use of WHO to serve as the leading and coordinating authority for health and of other policy instruments to enhance policy coordination and coherence;

(d) **Increase the quantity and quality of health information available to decision makers, as well as analyses of the influence and impact of foreign policy on global health.** Ensuring that coordinated and synthesized health information is readily available is essential to support health and foreign policy dialogue and action. Systematically collect, analyse and disseminate best practices on integrating and pursuing global health as a strategic foreign policy interest. Engage in more rigorous and transparent monitoring and assessment of foreign policy initiatives and activities on global health;

(e) **Increase the capacity and training of diplomats and health officials in global health, foreign policy and development cooperation, and develop training standards and open-source information, education and training resources for this purpose and with a particular focus on low-income countries.** Analyse innovations in cross-government strategies and coordination processes that offer promising ways of improving foreign policy and development cooperation acumen, capabilities and performance in the area of global health.